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Page 1 of 12
Date: October 27, 2005

To: Thao X. Le Fax: 571-273-8300 Phone: 571-272-1708
United States Patent and Trademark Office

From: Michael D. Plimier Fax: 408-765-7723 Phone: 408-765-7857

Subject: Application Serial No. 10/748,559

A CONFIRMATION COPY OF THIS DOCUMENT:

WILL NOT BE SENT

Application No.: 10/748,559
Filing Date: December 29, 2005
First Named Inventor: Justin K. Brask et al.
Group Art Unit: 2814
Examiner Name: T. Le
Attorney Docket No.: P18244

Enclosures:

1. Transmittal Form (1 page).
2. Fee Transmittal for FY 2005 (1 page in duplicate).
3. Amendment and Response (8 pages).

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PTO/SB/21 (09-04)

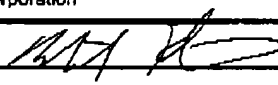
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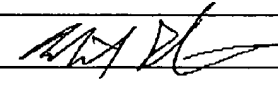
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/748,559	
	Filing Date	December 29, 2003	
	First Named Inventor	J. Brask et al.	
	Art Unit	2814	
	Examiner Name	T. Le	
Total Number of Pages in This Submission	11	Attorney Docket Number	P18244

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Intel Corporation		
Signature			
Printed name	Michael D. Plimier		
Date	October 27, 2005	Reg. No.	43,004

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Michael D. Plimier	Date	October 27, 2005

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OCT 27 2005

PTO/SB/17 (12-04v2)

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For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 0.00

Complete If Known

Application Number	10/748,559
Filing Date	December 29, 2003
First Named Inventor	J. Brask et al.
Examiner Name	T. Le
Art Unit	2814
Attorney Docket No.	P18244

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☒ Deposit Account Deposit Account Number: 50-0221 Deposit Account Name: Intel Corporation

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	0
Plant	200	100	300	150	160	80	0
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25

Each independent claim over 3 (including Reissues)

200	100
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Multiple dependent claims

360	180
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Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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8	- 20 or HP =	0	x 50 =	0
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HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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2	- 3 or HP =	0	x 200 =	0
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HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)
360	0

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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- 100 =	/ 50 =	(round up to a whole number) x	=	0
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4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)


Fees Paid (\$)

Other (e.g., late filing surcharge):

0

0

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 43,004	Telephone 408-765-7857
Name (Print/Type)	Michael D. Plimier	Date	October 27, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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OCT 27 2005

PTO/SB/17 (12-04v2)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4518).**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 0.00**Complete if Known**

Application Number	10/748,559
Filing Date	December 29, 2003
First Named Inventor	J. Brask et al.
Examiner Name	T. Le
Art Unit	2814
Attorney Docket No.	P18244

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 50-0221 Deposit Account Name: Intel Corporation

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	0
Plant	200	100	300	150	160	80	0
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0

2. EXCESS CLAIM FEES**Fee Description**

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Fee (\$)

Small Entity Fee (\$)

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Each independent claim over 3 (including Reissues)

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Multiple dependent claims

360 180

Total Claims**Extra Claims****Fee (\$)****Fee Paid (\$)**

8 - 20 or HP = 0 x 50 = 0

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims**Extra Claims****Fee (\$)****Fee Paid (\$)**

2 - 3 or HP = 0 x 200 = 0

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims

Fee (\$) Fee Paid (\$)

360 0

3. APPLICATION SIZE FEE

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Total Sheets**Extra Sheets****Number of each additional 50 or fraction thereof****Fee (\$)****Fee Paid (\$)**

- 100 = / 50 = (round up to a whole number) x = 0

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

0

Other (e.g., late filing surcharge):

0

SUBMITTED BYSignature Registration No.
(Attorney/Agent) 43,004

Telephone 408-765-7857

Name (Print/Type) Michael D. Plimier

Date October 27, 2005

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OCT 27 2005

Attorney's Docket No.: P18244

Patent**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In Re Application of:

J. Brask et al.

U.S. Serial No: 10/748,559

Filed: December 29, 2003

For: **A CMOS DEVICE WITH
METAL AND SILICIDE GATE
ELECTRODES AND A
METHOD FOR MAKING IT**

Examiner: T. Le

Art Unit: 2814

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**AMENDMENT AND RESPONSE**

Dear Sir:

This is in response to the Office Action mailed August 4, 2005. Applicant respectfully requests the Examiner to enter the following amendments and consider the following remarks.

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this paper. **Remarks/Arguments** begin on page 5 of this paper.

-1-

Serial No.: 10/748,559

Attorney Docket: P18244